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**It does NOT get mailed to the applicant.**

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: \_\_\_\_\_

### Total Fee Calculation

| Fee Code                     | Total<br># Claims | Number<br>Extra | X     | Fee        | Fee        | = | Total      |
|------------------------------|-------------------|-----------------|-------|------------|------------|---|------------|
|                              | Sm./Lg.           |                 |       | Sm. Entity | Lg. Entity |   |            |
| Basic Filing Fee             | <u>201/101</u>    |                 |       |            |            | = | <u>760</u> |
| Total Claims >20             | <u>203/103</u>    | <u>18</u>       | -20 = |            |            | = |            |
| Independent Claims >3        | <u>202/102</u>    | <u>3</u>        | -3 =  |            |            | = |            |
| Multi. Dep Claim Present     | <u>204/104</u>    |                 |       |            |            | = |            |
| Surcharge                    | <u>205/105</u>    |                 |       |            |            | = | <u>130</u> |
| English Translation          | <u>139</u>        |                 |       |            |            | = |            |
| <u>TOTAL FEE CALCULATION</u> |                   |                 |       |            |            |   | <u>890</u> |

Fees due upon filing the application:

Total Filing Fees Due = \$ 890

Less Filing Fees Submitted - \$ —

BALANCE DUE = \$ 890

SMY  
Office of Initial Patent Examination

Figure 7

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

Application or Docket Number

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

| FOR                              | NUMBER FILED | NUMBER EXTRA |
|----------------------------------|--------------|--------------|
| BASIC FEE                        |              |              |
| TOTAL CLAIMS                     | 18           | minus 20 = * |
| INDEPENDENT CLAIMS               | 3            | minus 3 = *  |
| MULTIPLE DEPENDENT CLAIM PRESENT |              |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

| RATE   | FEE    |
|--------|--------|
|        | 380.00 |
| X\$ 9= |        |
| X39=   |        |
| +130=  |        |
| TOTAL  |        |

OR

| RATE   | FEE    |
|--------|--------|
|        | 760.00 |
| X\$18= |        |
| X78=   |        |
| +260=  |        |
| TOTAL  | 712    |

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

| AMENDMENT A                                    | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|----------------------------------|------------------------------------|---------------|
| Total  | * 18                             | Minus ** 20                        | =             |
| Independent                                    | * 3                              | Minus *** 3                        | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |                                    |               |

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X39=             |                |
| +130=            |                |
| TOTAL ADDIT. FEE |                |

OR

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18=           |                |
| X78=             |                |
| +260=            |                |
| TOTAL ADDIT. FEE |                |

(Column 1)

(Column 2)

(Column 3)

| AMENDMENT B                                    | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|----------------------------------|------------------------------------|---------------|
| Total  | * 48                             | Minus ** 20                        | = 28          |
| Independent                                    | * 3                              | Minus *** 3                        | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |                                    |               |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X39=             |                |
| +130=            |                |
| TOTAL ADDIT. FEE |                |

OR

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18=           | 504            |
| X78=             |                |
| +260=            |                |
| TOTAL ADDIT. FEE | 504.00         |

(Column 1)

(Column 2)

(Column 3)

| AMENDMENT C                                    | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|----------------------------------|------------------------------------|---------------|
| Total  | * 32                             | Minus ** 40                        | = 12          |
| Independent                                    | * 2                              | Minus *** 3                        | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |                                    |               |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X39=             |                |
| +130=            |                |
| TOTAL ADDIT. FEE |                |

OR

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18=           |                |
| X78=             |                |
| +260=            |                |
| TOTAL ADDIT. FEE |                |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.